

Form 1: Cover Sheet

(Please place this as the **top page** for your application)

County: **Laramie**

Name and title of primary contact: **Alfrieda Gonzales** Phone: **307.632.8102**

Email (required): amgresults@yahoo.com Fax: **307.637.6726**

Mailing Address: **900 Central Avenue** City: **Cheyenne** Zip: **82007**

Shipping Address (if different): N/A

Total Funding Request for First Year Implementation: \$121,415

Name, organization, address, phone, fax, email & tax identification number for the Lead Agency authorized to sign contracts.

Laramie County Community Partnership, Inc.
900 Central Avenue
Cheyenne, WY 82007
307.632.8102/307.637.6726, amgresults@yahoo.com
Tax ID: 155671574

Certification: I certify to the best of my knowledge that the information contained in this community strategic plan is correct. I certify that the Community Advisory Council and/or Coalition were involved in the development of this community strategic plan. I have been authorized by the agency's governing body to assist with the development of this Strategic Plan.

Signature of Primary Contact

Date

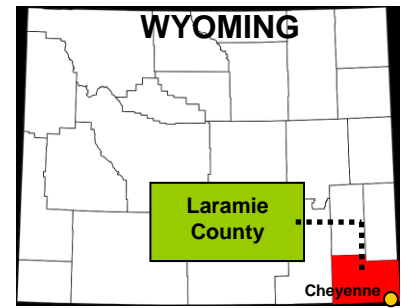
Signature of Fiscal Agent

Date

FORM 2: Geographic Setting/Community Characteristics

Physical Description of Laramie County and Data Classification Hierarchy

Laramie County, located in the southeast corner of Wyoming, was established in 1867. The county is bordered to the north by Platte and Goshen Counties, to the west by Albany County, to the east by Nebraska and to the South by Colorado. Laramie County is the most populous of Wyoming's twenty-three (23) counties (population = 81,607, 2000 US Census; 85,384, 2006 US Census). Population density in the 2,688 square mile county is 30.36 people per square mile. Laramie County is located in the Great Plains region of the United States, which is characterized by limited water resources and low rainfall, with only 1.6 square miles of the county's total area is surface water. Laramie County is divided into eighteen (18) census tracts ranging in population from 1,864 to 6,436 people. The U.S. Census Bureau has classified most of the county as Rural or Frontier, with Cheyenne (altitude approximately 6,155 feet) designated as the only city, and Pine Bluffs, Burns and Albin as the county's only three towns.



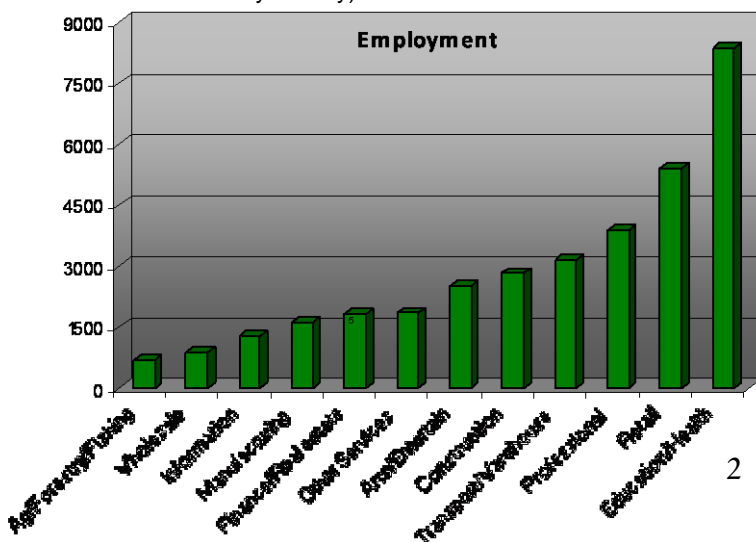
Municipalities – The seat of Laramie County and the capital of Wyoming is the City of Cheyenne, the largest city in the state (population = 55,314). The county's three (3) towns are all located within a 40 mile radius of Cheyenne (Pine Bluffs, population 1,144; Albin, population 115; and Burns, population 303 people; US Census Bureau, 2006, Population Estimates).

Federal Institutions – Francis E. Warren Air Force Base, located in Cheyenne, is the oldest continuously active military installation within the United States Air Force. Originally established in 1867 as Fort D. A. Russell, it became Francis E. Warren Air Force Base in 1947. Warren Air Force Base is an important part of Cheyenne's history, economy and community (<http://www.warrenmuseum.com>). Other federal offices and agencies with offices located in Laramie County include the following: Federal Highway Administration, Federal Public Defender, Federal Bureau of Investigation, Federal District Court, Federal Motor Carrier Safety Administration, US Citizenship and Immigration Service, Alcohol Tobacco Firearms and Explosives Bureau, US Fish and Wildlife, Animal Plant Health Inspection Service, Bureau of Land Management, Drug Enforcement Agency and the Veterans Affairs Hospital.

Educational Institutions – Laramie County has two school districts (LCSD #1 and #2) with a total of 37 schools. The number of certified teachers increased from 997 in 2004-2005 to 1,016 in 2005-2006 (State of Wyoming Dept of Education Statistical Report).

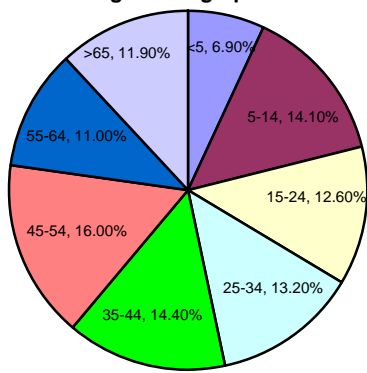
Public Schools						Private Schools		
School District	Town	Total Schools	Elementary	Junior High	High School	Town	Total Schools	Grades/Degree
LCSD #1	Cheyenne	29	23	3	3	Cheyenne	2	K-12
LCSD #1	Horse Creek	1	1			Cheyenne	1	2-8
LCSD #1	Granite Canyon	1	1			Cheyenne	1	1-7
LCSD #2	Albin	1	1			Cheyenne	1	Pre K-K
LCSD #2	Burns	2	1	1, Jr High/High School		Cheyenne	1	Pre K-10
LCSD #2	Carpenter	1	1			Cheyenne	1	Pre K-6
LCSD #2	Pine Bluffs	2	1	1, Jr High/High School		Cheyenne	4	AA/Bachelors/Graduate
Other/Attention Homes	Cheyenne	1, grade 5-12				Cheyenne	2	Cert./Associates
Frontier Correctional	Cheyenne	1, grade 7-12						
	Cheyenne	1	Certificate/Associate					
Total		40	Source: National Center for Education Statistics, 2005-2006.			Total	13	

Economics and Employment – The major source of employment in Laramie County includes educational services healthcare and social assistance services* (US Census, 2005 American Community Survey).

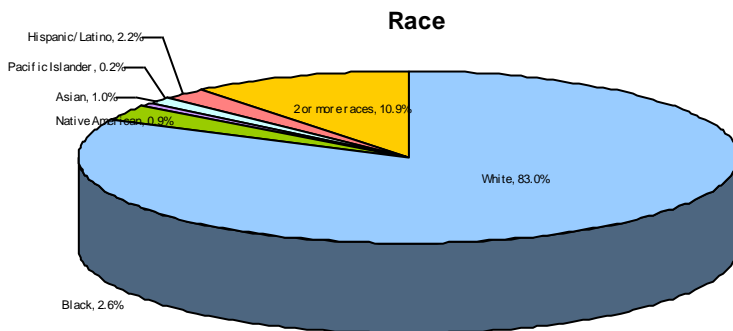


Age Demographics – The median age in Laramie County is 35.3 years. 56.2% of the population is between the ages of 15 and 54 with 49% of the total population male and 51% female (US Census, 2005 American Community Survey).

Age Demographic



Race – 83.00% of the population identifies as White (non-Hispanic), 2.60% as Black or African American, .90% as Native American, 1.00% as Asian, .20% as Pacific Islander; 2.20% report being from two or more races, and 10.90% Hispanic or Latino of any race (US Census Bureau 2005).



Education – Laramie County had the second lowest graduation rate (78%) in the state, lower than the Wyoming average (81.5%). This data seems contradictory* as Laramie County residents (age 25-34) attain higher average education levels than the state, but lower education for individuals age 35-44 according to the US Census 2005. Laramie County individuals age 45 years and older typically attain college degrees at greater rates than the state totals.

	Cheyenne	Laramie County	Wyoming
Population 25-34			
HS grad or higher	93.0%	91.6%	91.9%
Bachelor's degree or higher	24.8%	15.3%	21.2%
Population 35-44			
HS grad or higher	92.5%	91.6%	93.4%
Bach degree or higher	24.1%	26.9%	25.5%
Population 45-64			
HS grad or higher	91.1%	93.6%	94.2%
Bachelor's degree or higher	28.9%	30.8%	26.3%
Population 65+			
HS grad or higher	77.3%	80.9%	81.3%
Bachelor's degree or higher	17.4%	13.0%	14.9%

Income – The median income for a family in the county was \$54,235. Males had a median income of \$31,644 versus \$24,406 for females. The per capita income for the county was \$25,380 compared to \$23,936 statewide (US Census, 2005).

American Community Survey). The unemployment rate in Laramie County is 4.1% (n=1,747) compared to 3.6% (n=10,176) for Wyoming (State of Wyoming, Department of Employment 2005).

Family Income	Laramie County	Wyoming
Less than \$10,000	4.0%	3.6%
\$10,000 to \$14,999	2.0%	2.5%
\$15,000 to \$24,999	7.5%	9.0%
\$25,000 to \$34,999	15.2%	11.0%
\$35,000 to \$44,999	17.2%	17.7%
\$45,000 to \$54,999	20.6%	24.2%
\$55,000 to \$64,999	13.8%	7.0%
\$65,000 to \$74,999	13.7%	7.9%
\$75,000 to \$99,999	13.7%	2.1%
\$100,000 to \$149,999	2.5%	0.0%
\$150,000 to \$199,999	2.4%	1.0%
\$200,000 or more	2.2%	1.0%
Median family income (dollars)	\$54,235	\$55,343

Poverty – There are 7,770 (9.5% of the estimated 2005 population) persons in Laramie County whose income fell below

the federal poverty limit in 2005, a rate that has remained fairly constant for the last ten years (Wyoming Center for Business and Economic Analysis).

Census Tracts located on the south side of Cheyenne had the highest concentrations of poverty, greater rates of public assistance (1999) and the largest number of housing units deemed overcrowded by U.S. Census Bureau standards. Individuals falling below the poverty line typically have not graduated from college (24.2%, Laramie County; 17.4% Wyoming).



Some families do fall above the federal poverty line but still lack self-sufficiency. For example, 64% of single parent families and 43% of two-parent families report not having sufficient income to meet their basic needs without non-profit

or charitable support. These families are not eligible for food stamps (Wyoming Self-Sufficiency Study via Connections Corner grant). A number of Laramie County families make less than \$35,000 annually, putting them only one or two paychecks away from a basic needs crisis (www.factfinder.census.gov accessed August, 2007).

*Although Laramie County has the second lowest graduation rate in the state, the majority of employment in the county is within education or healthcare implying that a large proportion of educated individuals reside and are employed within the county. Likewise, contradictory data seems to show that Laramie County residents (age 35-64) pursue higher education more often than the state average, but less often for ages 25-34. This data incongruence warrants further research regarding education and employment within the county.

Target Populations - The relationship between low-income, unemployment, and behavior among youth has been well established (Kids Count, 2006). There is a significant population in the county that fall close to, or below the poverty line. Thus, while the programs proposed in the strategic plan will benefit the community as a whole, we will target families and youth whose income is at 200% of poverty or below. This will include families whose incomes are above the official poverty line, yet are unable to autonomously meet their basic needs. Several local non-profit support services providers assess eligibility based as 185% of poverty, but within the context of an individual's situation. Because we will not necessarily have access to specific data to assess self-sufficiency (i.e. medical bills, emergency circumstances, etc.), we have chosen to target all families living at or below 200% of poverty.

<p>Form 3: Coalition Involvement Limit 2 pages</p>

Vision and Mission Statement

The Laramie County Community Partnership (LCCP) has made its mission to maximize resources and influence change to improve conditions of wellbeing for people in Laramie County. As a community driven partnership, the LCCP accepts the responsibility to support and nurture community efforts and partnerships, which ensure a legacy of community pride and a better quality of life. Guided by local needs assessments and the belief that talk must lead to action to make a difference, the LCCP has identified five key areas in Laramie County on which to focus its attention and has designated five teams to work toward effective and acceptable resolutions and interventions.

The present *Talk to Action!* Team focuses on Alcohol, Tobacco, and Other Drugs (ATOD). Both the Laramie County Needs Assessment and prevailing literature on the subject support the notion that preventable health, social, and economic problems result from the use of alcohol, tobacco and other drugs (ATOD) by youth. Further, underage use of ATOD is a causal and/or exacerbating factor in a host of serious problems ranging from the social to the physiological. Due to the particularly powerful impact of ATOD on young people, the ATOD *Talk to Action!* Team's goal is that youth (defined as pre-birth to age 21) in Laramie County are alcohol, tobacco, and other drug free.

History and Makeup of the Coalition

The LCCP consists of over 44 human service organizations, private sector individuals, faith-based groups, and local and state government representatives that serve vulnerable residents in all corners of the county.

Based on data reported in the 2005 Laramie County Needs Assessment, the LCCP identified the five areas of greatest need for Laramie County's most vulnerable populations:

- *lack of livable wage jobs;*
- *lack of affordable and accessible medical care;*
- *lack of affordable housing;*
- *poverty (meeting basic needs); and*

- *family/social issues.*

These key findings led to the development and staffing of five *Talk to Action!* Teams with subject matter experts from across the county. These teams envision how these conditions could be improved with existing resources (no- or little-cost), and where we might need to marshal new resources to improve outcomes.

The action teams, in phase one, have developed effective and consistent means of communication within and between teams and with the community to ensure continued understanding and appreciation of the issues at hand and to develop strategies for each target area. The LCCP is currently in Phase II. In Phase II, focus will be turned to the implementation of the strategies adopted by the *Talk to Action!* Teams. The LCCP will demonstrate long-term commitment to performance and management of these action plans through annual evaluation and reporting efforts.

The ATOD *Talk to Action!* Team has further identified partners in the community with a potential role to play, including, but not limited to, Youth Alternatives and its Special Friends and mentoring initiatives, Laramie County School Districts and their Parent Teacher Organizations, local business leaders, Peak Wellness Center, and team leaders of the Wyoming First Lady's Initiative and the Enforcing Underage Drinking Laws Council. Our funding partners include United Way and the Wyoming State Departments of Health, and Education.

The ATOD Team and its partners have focused on three dominant causes for the trends that appear in data:

- *prevailing adult attitudes toward substance use by minors;*
- *inadequate access/control laws;*
- *aggressive advertising via popular entertainment mediums, at local stores, and at youth functions.*

These steps will be complemented and extended through further research and development of the necessary system linkages to facilitate collaboration between families, schools, the courts and treatment providers, and to identify which resources are already in place and those that need to be secured in support of these strategies.

Form 4: Consequence & Consumption Areas

Limit 2 pages

Consequences

Laramie County's major concerns and observations about data surrounding the consequences of the misuse of alcohol include:

- Arrest data does not completely reflect the consequences of the misuse of alcohol as juvenile citations can be issued for DUI, MIP and MUI.
- Data regarding number of citations might provide a more complete picture of the consequences, as it would include juveniles who were not arrested but picked up for MUI, MIP and DUI. However, even citation data is not likely to provide an accurate picture of the extent of alcohol use among Laramie County youth since numbers tend to fluctuate in relation to the amount of resources available to law enforcement which can be dedicated to underage drinking issues.
- Juveniles require more time to process when taken into custody and are more than likely released to the custody of their parents; they pay a \$250 fine and are not officially charged nor are they required to attend the 12-week alcohol education training.
- The system of courts across Wyoming, including Laramie County, is inconsistent in handling cases and identifying services for youth.
- Timing of grants does not correspond to the needs in the community during key activities in the community such as graduation, spring break, prom weekend and Frontier Days.

- Starting in 2002, Laramie County has had a steady downward trend in the rates of alcohol related vehicle crashes. While there has been no systematic investigation of the reasons for this positive downward trend, and therefore no definitive assertions can be made, it is noteworthy that 2002 marked the onset of the use of Drug Courts in Laramie County. It is not unreasonable to suggest there may be a direct correlation between these declining rates and use of Drug Courts within the county, and is a possibility that warrants further investigation.

Given the number of clients entering treatment, the problem is more significant than the arrest data would suggest:

- County level Youth Risk Behavior Survey (YRBS) data being made available for analysis would provide additional insight into the analysis.
- Community grants are generally targeted toward reinforcement and not treatment or other services to address the issue.

Consumption

Two areas of concern emerged from the Wyoming 2007 Prevention Needs Assessment (PNA) regarding the misuse of alcohol. Alcohol misuse, for the purposes of this assessment, has been defined as adult (18 and over) binge drinking and any youth (under 21) consumption of alcohol. The data from the state PNA tell us that, in Laramie County, adult binge drinking occurs at a rate similar to that for the rest of Wyoming. However, rates of alcohol consumption for youth are not only relatively high in Laramie County, but are on the rise in some age groups. As such, the primary target consumption area identified by the PNA data is youth alcohol consumption.

- The data from the PNA tell us that, in Laramie County, adult binge drinking occurs at a rate similar to that for the rest of Wyoming. This, coupled with the number of individuals entering treatment would suggest that binge drinking is a problem in the community.
- However, rates of alcohol consumption for youth are not only relatively high in Laramie County, but are on the rise in some age groups. As such, the primary target consumption area identified by the PNA data is youth alcohol consumption.
- The most worrisome numbers regarding youth alcohol consumption in Laramie County point to younger students. Since 2001, the number of Laramie County 6th, 8th, and 10th graders who reported having had a drink in the past 30 days has increased by 2.0%, 7.7%, and 1.7% respectively. Although between 2004 and 2006 we actually saw a decline in the number of 6th, 10th, and 12th graders who had ever consumed even one drink of alcohol, 7.3% **more** 8th graders said they had drank alcohol at least once in their lives.
- Data indicate that 1.4% more Laramie County 8th graders than Wyoming 8th graders reported having more than five drinks in a row in the past two weeks. Further, for Laramie County 8th graders, this number increased by 1.4% from 2001 to 2006.
- Data on 12th grader consumption indicates significant decreases over time across the categories as well as lower rates of consumption in Laramie County than Wyoming as a whole. However, the meaning of the data is not entirely clear as it could be associated with

reporting bias (e.g. students who repeatedly abuse alcohol may be dropping out of school and may not be present to complete the survey).

Form 5: Intervening Variables/Causal Areas

Limit 2 pages

The 2007 Laramie County PNA illuminated five (5) major causal areas that appear to contribute to the misuse of alcohol in the county. Of these, there are two (2) that are particularly salient: social availability and individual factors. These are the two factors that will be central to the development of intervention strategies in Laramie County.

Social Availability

- Embedded in the issue of social availability were two prominent sub-factors: 1) community beliefs regarding alcohol consumption, and 2) providing alcohol to youth and the data indicating where young people are getting their alcohol.
- The younger Laramie County youth are, the more often they reported obtaining their alcohol from parents, either their own or others. Sixty percent (60%) of sixth (6th) graders claimed to have obtained their last drink of alcohol from a parent. However, only 3.4% of Laramie County parents said that they would allow their child to drink at age fifteen (15) years or younger. The reasons for this discrepancy are uncertain, but there are two possible explanations that these researchers believe possible. First, and more likely, children may be obtaining their alcohol from parents *without* permission. The survey was not designed to

make this distinction. The other, less likely but still possible explanation is that the stigma associated with providing alcohol to minors drove parents to underreport their own behavior or beliefs on this issue. Either way, the data indicate that parents, particularly of younger children, exhibit less monitoring of alcohol in the home than do parents in the rest of the state.

- Older youth, on the other hand, are more likely to obtain their alcohol from an adult over twenty-one (21) years of age who is not a parent or parent of a friend. Twelfth (12th) graders obtained their alcohol from an adult who was neither a parent nor the parent of a friend forty-three percent (43%) of the time. Twenty-six percent (26%) of the time they obtained alcohol from someone under twenty-one (21) years of age, and only twenty-two percent (22%) of the time did they report getting the alcohol from parents or the parents of a friend.
- Community members believe that the issue of underage drinking is one that has *not* been openly addressed enough at a community and at a family level. In interviews with law enforcement as well as community members, the importance of prevention education and family level interventions was stressed.

Individual Factors

Individual factors identified in the 2007 Laramie County PNA are those influences in an individual's life influencing beliefs and behaviors, which include elements of community, family and social relations, as well as institutional environments such as schools. The salient findings from the 2007 Laramie County PNA are broken down two categories and are generally consistent with previous findings in the literature on youth behavior and development. Protective and risk factors are two influences impacting the individual. Protective factors provide youth with insulation from and resilience in difficult circumstances. Risk factors (also called predictive factors) are the characteristics of and influences on the individual that facilitate and/or reinforce risk behaviors. The Wyoming PNA (2006) indicated the ***protective and risk factors for Laramie County are:***

- Risk factors for Laramie County youth are greater than their protective factors.
- Although the level of risk for Laramie County students was similar to the Wyoming average, there was one important exception: Laramie County 8th graders were at a greater risk than the state for risk factors for thirty (30) day alcohol use, including:
 - Lack of social skills
 - Parents' favorable attitude toward drugs
 - Interaction with antisocial peers
 - Friends' use of drugs
 - Intent to use drugs
 - Favorable attitudes toward drugs
- Laramie County 8th graders were at lower risk for engaging in sensation seeking activities that were Wyoming 8th graders as a whole.

- The relatively low high school graduation rate in Laramie County is an important risk factor for our youth. Laramie County high school students graduate at a rate of seventy-eight percent (78%), standing out as the second worst graduation rate in Wyoming.
- With the exception of slightly higher rates of religiosity, protective factors for Laramie County youth are low when compared to Wyoming as a whole. These factors include:
 - Belief in a moral order
 - Social skills
 - Rewards/opportunities for prosocial involvement in school, family and the community
 - Family attachment

Interventions

Interventions will focus on the two causal areas (social availability & individual factors) found to be related most strongly to underage drinking by the 2007 Laramie County PNA. *Family Matters* and Policy Development and Education are strategies which address these two causal areas by focusing prevention efforts through programs specifically designed to address those issues most problematic in Laramie County. Both strategies are meant to reduce underage access to alcohol, decrease adult conduct that facilitates alcohol use by underage youth and increase youth protective factors. Focusing on social availability and individual factors will prompt continuous review and revision of youth access laws that are vital in today's changing environment.

Form 6: Community Resources

Limit 2 pages

Existing Prevention Services in Laramie County

Information regarding existing prevention services in Laramie County was obtained from the following sources:

- Wyoming Methamphetamine Planning Study (Reyes, 2005)
- Peak Wellness Prevention Block Grant Application (Peak Wellness, 2006)

- Interviews with Laramie County agency program managers and service providers
- Responses from two separate requests made via email to area agencies regarding prevention services

Prevention programs targeting parents and/or families have been effective in reducing risk factors and increasing protective factors for participants, including youth. Unfortunately, while these prevention programs have been quite effective, they have impacted relatively few families in the four-county region, which includes Laramie County, where they have been implemented. Therefore, despite evidence these programs are effective, there is little evidence they have been cost-effective.

The main reason for the lack of cost effectiveness has been due to low numbers of participants in the programs. All of these programs have required families to physically attend classes on a regular basis. Classes are often at night and run seven (7) to fourteen (14) weeks, a commitment that is difficult, if not impossible for families who are often already over-stretched to attend.

Other factors contributing to low participation include eligible families being unaware these programs are available. When families are aware of the programs, they are not confident the benefits will be sufficient enough to warrant making the significant investment of time and resources required in order to participate, so despite expressing the services may be helpful, they do not attend.

Data from Laramie County's largest recipient and provider of services funded by SAMHSA's Prevention Block Grant for the past five (5) years is Peak Wellness, a mental health and substance abuse prevention and treatment provider, was reviewed and supported that these factors which have presented barriers to some families who could benefit from these programs. As a part of their findings, which related to lack of attendance and cost effectiveness, Peak Wellness permanently discontinued seminars associated with their "Your Teen and Alcohol: Do You Really Know?" (2006).

Currently, there does not appear to be any comprehensive source for determining the prevention and treatment resources available in the community. The most current list we could locate was information through 2005. While some information below is updated from the 2005 information, it is not meant to be exhaustive. However, the information we included was verified through reputable sources and is, therefore, to the best of our knowledge accurate, but not exhaustive.

Finally, since a significant component of the Laramie County Strategic Prevention Plan pertains directly to issues of building needed policy-related infrastructure, the description of existing resources in this area is contained in the narrative found in Form 7 – Strategies and will, therefore, be detailed in that section.

Laramie County Prevention and Treatment Resources	Target			Strategy			
	Ind	Fam	Com	Ed	PX	TX	CJ
Family Matters – Program proposed by Laramie County for Prevention Strategic Plan (for detailed description, see Form 7 – Strategies).	X	X	X	X	X	X	X
Life skills —Teaches general personal and social skills to youth in combination with drug resistance skills and normative education. Drug resistance and self-management are major content areas covered. This program provides outreach education in a variety of settings and offers opportunities for prosocial involvement. Both of these are otherwise lacking in Laramie County. However, the program domain does not directly address the family and is only intended to target youth up to age 14 (http://nrepp.samhsa.gov , updated 6-21-07).	X			X	X		
Your Teen and Alcohol: Do You Really Know? — Two television, multiple radio, & print ads are dispersed throughout media sources in the Southeast Wyoming Region each year in conjunction with informational mailings sent to all parents of 6 th to 12 th graders. The advertising campaign, run before, during, and for one week after dissemination, urges parents to read the handbooks. The campaign includes a survey of parental attitudes & beliefs regarding their own children’s alcohol use. While this campaign does employ recommended prevention strategies, it has not met the criteria of the NREPP for an evidence-based practice (Peak Wellness, 2006; http://nrepp.samhsa.gov , updated 6-21-07).		X	X	X	X		
Cheyenne-Laramie County Meth Resource Center – Scheduled to open to the public Monday, September 17, the Meth Resource Center will provide information and resources to anyone who has been affected by methamphetamines. Information will be provided on treatment centers, support groups, transitional living, mental health services, healthcare, supplemental nutrition, family planning and contraception, domestic violence, grandparents caring for grandchildren, and meth testing kits. (CLCMRC 2007).							
Drug Courts – Laramie County has two adult drug courts, and juvenile and family court(s) opened July 2007 (source: Debbie Holdridge, LC Drug Courts Coordinator). These drug courts operate under the philosophy that through the use of appropriate adaptive mechanisms, building coalitions around the family, friends, community and treatment, and structuring a suitable recovery environment, most people will be able to establish and maintain lives free from substance abuse or dependency. The courts employ therapy, drug testing, structured case management and a disciplined environment. Additionally, since family involvement is typically an integral part of drug court, these courts also make consistent use of community prevention services (WY Legislative Service Office, 2006).	X					X	X
Out-patient Substance Abuse Services – Laramie County has 8 outpatient facilities certified for various levels and combinations of services, including all certified prevention providers. The resulting services are: Level 0.5 = 3; Level I = 5 adult and 4 adolescent; Level II = 4 adult, 1 women’s & 4 adolescent (Reyes, 2005).	X					X	X

<p>Residential (includes juvenile DFS & substance abuse facilities) & Detox Treatment – There are 4 facilities providing residential and/or detox services within Laramie County for a total of 164 beds (102 crisis, 16 long-term, 32 adult males, 14 adult females, 26 adolescent males or females, 69 adolescent males, 23 adolescent females (Reyes, 2005).</p> <p>Transitional Housing – Laramie County has two Oxford Houses (1 men’s; 1 women’s)</p>		X	X				
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Form 7: Strategies

No page limit

Policy Development and Education

Policy Development – The Wyoming 2006 PNA indicated that youth most often obtain alcoholic beverages from third-party (non-commercial) sources, usually, adults who are known to them. Consequently, strategies dealing with social availability must address the issue within this context, striving to reduce not only third-party access to alcohol, but will ideally target those adults who are known by the underage youth, since this group represents the majority of the third-party source.

A part of LCCP's strategic planning included conducting an in-depth review of the relevant policy-related research, a cursory review of existing state and local policy, and collaborations with local prevention groups and policy-decision makers in Laramie County. During this process, it was evident that at both local and state levels, we do not currently have sufficient policy in place to provide the necessary foundations for implementing strong evidence-based strategies aimed at reducing underage drinking. This was particularly evident regarding the social availability of alcohol. Therefore, it is must be a top priority to research and educate Laramie County residents and policy decision-makers about existing and potential policies that would reduce underage access to alcohol (see Form 8 – Community Readiness for detailed narrative).

The decision to focus our strategies to reduce social availability on policy development and education stems from the need for different legislation in Wyoming if we are to effectively make use of existing evidence-based best practices. The collective power of community coalitions to effect policy change is well recognized federally (OJJDP, 2007). Therefore, LCCP has both an ideal and a powerful role in the reduction of underage alcohol consumption, particularly through assisting in policy development.

LCCP's research also pointed to additional facts which compelled us to conclude that policy development and education must be our first priority. Public Law 109-422, titled as the "*Sober Truth on Preventing Underage Drinking Act*", was enacted by the United States 109th Congress on December 20, 2006 and is the most recent amendment to Section 519B of the Public Health Services Act (42 U.S.C. 290bb-25b). This amendment established an Interagency Coordinating Committee on State Underage Drinking Prevention and Enforcement headed by the Secretary of Health and Human Services and is comprised of the top official from each of fifteen (15) designated federal departments and agencies which deal directly with issues involving underage drinking. The sole task of this Interagency Committee is to provide annual reports to the U.S. Congress regarding existing policy, laws, enforcement and use of evidence-based strategies specific to social and environmental change in all U.S. states and territories. Seven (7) of the nine (9) state performance categories and measures required in this report are entirely policy-related. The remaining two (2) categories are policy-dependent relating directly to the mechanisms states and territories have in place to adequately enforce existing policy.

The "*Sober Truth on Preventing Underage Drinking Act*" appears to mark a clear stance taken by the U.S. Congress with respect to state policies on underage drinking. Specifically, it seems the federal government is positioning to hold each state and territory responsible for establishing

state and local policy that has demonstrated effectiveness in reducing underage drinking. It is not unreasonable to speculate that much like underage tobacco sales compliance checks, Synar, the minimum drinking age of 21, and other such recommendations made by the federal government, future substance abuse prevention and treatment funding by the federal government may become dependent upon having sufficient policy in place at the state and local levels which is specific to underage drinking and enforcement.

LCCP will focus on those policies that are related (directly or indirectly) to third-party transactions or social availability to include state statutes, local ordinances and codes pertaining to: internet sales of alcohol, keg registrations, “attempt to”, adult responsibility, retailer’s responsibility, loitering, curfews, open containers, official closing hours, alcohol in parks and other public areas, nuisance abatement, as well as all other alcohol regulations currently in effect under the Wyoming State Statutes. Included in this process will be the identification of needed amendments to existing state and local policy, and receptivity to additional legislation pertaining to third-party access to alcohol. Additionally, a comparison to legislation recommended evidence-based policy and policy in other states, including outcomes, will be included as a part of the planned strategy. This information will be used to develop educational materials, recommendations, and sample policy to facilitate policy decisions at all levels within the state, county and municipalities, as well as for public education.

Policy Education and Information Dissemination – A systematic, well planned, and prepared mechanism to disseminate Wyoming, Laramie County and municipal policy-related information on underage drinking (and substance abuse in general) is an integral component of LCCP’s strategic plan. As LCCP was in the final stage of completing this document, the United States Surgeon General (2007) released a community guide titled, *“Call to Action: To Prevent and Reduce Underage Drinking”*, in which this need is emphasized as both vital and central to effective prevention of underage drinking. Consistent with LCCP’s strategic plan, the Surgeon General asserts the importance of addressing all existing and potential policies at the community and state level which limit access, make drinking and driving illegal or hold adult providers legally responsible. **The Surgeon General further posited that a community’s knowledge of these policies is an effective way to ensure these laws are enforced.**

There will be two primary mechanisms by which LCCP will bring alcohol-related policy issues into the public eye. First, educational materials about policy will be taken directly to the community at all levels by members of our own community and the LCCP. The content of this education, while remaining essentially consistent and focused on alcohol-related policy, will be tailored specifically to the community groups and organizations where the information will be presented. The literature on building coalitions recommended repeatedly that potential “champions” be identified in their communities who can play a variety of roles, one of which is “spreading the word” (Rand, 2007; CADCA, 2007). LCCP will work actively to identify such individuals both among our members and the general public. In doing so, we will reach out to organizations and individuals such as: local school boards, law enforcement at all levels, community college student organizations, parent organizations, educational groups and organizations, healthcare workers and organizations, social service, religious and charity organizations, to name only a few.

In addition to directly educating the public regarding policy development as it takes place, we will work with policy decision-makers. From among the members of LCCP, we will identify those whose strengths would be in the legislative arena and ask those individuals to approach key decision-makers and legislators by: attending or hosting appreciation luncheons, breakfasts or legislative wrap-up sessions designed to be a forum to inform decision-makers and legislators about the results of our nonpartisan analysis (WDH, 2006).

LCCP's strategic plan also includes conducting an educational media campaign, which is the second primary mechanism we will employ using television, radio, print and electronic media. Consistent with our plan to take the educational materials to groups and organizations, LCCP will also make every effort to tailor materials for the media to reach all levels of our community. Additionally, LCCP will work with partner organizations to encourage and assist them in including alcohol-related policy information in their newsletters and other communication with their constituents. Finally, we are firmly committed to complement other similar efforts, such as the Wyoming's First Lady's Initiative, and to working in conjunction with other organizations and initiatives.

LCCP will also use the partnership's own website to inform the public not only of what is going on in the community, but what we have learned as policy analysis progresses. The traditional media will play an important role as well in the dissemination of this information to the public. Building on LCCP's current activities, which include working with the local newspaper to publish a full article discussing the results of the Laramie County Prevention Needs Assessment (2007), we will continue to approach editorial and writing staff with additional educational material regarding alcohol related policy suitable for print. LCCP will persist in and build upon our established relationship with the local paper and news reporters as being a reputable news source that can be trusted to provide the most current and accurate information on these issues.

NOTE: LCCP wishes to stress that we are focusing only on public education through these efforts. For many reasons, including LCCP's non-profit organizational status, this strategy of policy research and development will not extend beyond education on alcohol related policy issues. LCCP will not lobby or seek to change law ourselves but will provide policy decision makers and community members with accurate information as it pertains to effective policy and strategies to reduce the misuse of alcohol by underage youth.

Recommended Evidence-Based Policy Related Practices

Targets	Recommended Policy	*WY	*LC	*Cheyenne
Retail Availability	Minimum age for servers/bartenders for beer, wine and spirits is 18/21 Min. age for off-premises sellers is 21 (Employment of Minors?) Beverage Server Training Compliance check Internet sales	X X		X X X
Social Availability	Underage possession prohibited EXCEPT in a private location OR parent/guardian presence Underage purchase is prohibited EXCEPT for law enforcement purposes Furnishing alcohol to minors is prohibited EXCEPT by parent/guardian (allows members of “immediate family” to furnish alcohol), legal-age spouse, or for specified religious, educational, or medical purposes Keg Registration (Keg defined as not less than seven (7) gallons)—State law does not require purchaser action, so does the purchaser necessarily know about the law? Hosting Underage Drinking Parties: Criminal Liability Open House Ordinance	X X X X X		 X X
Promotion & Social Norms	Underage Consumption is NOT explicitly prohibited Curfew	X		X
Criminal Justice	False ID for obtaining alcohol is a criminal offense; there is no driver’s license suspension procedure BAC limits for under 21 drivers—.02 “Use/Lose Laws” suspend or revoke license of underage (<19) drinkers Requirement of Underage drinking laws enforcement checks	X X X		X
* Included only if data is accurate and current; however these will be researched at the state, county and municipal levels. LCCP’s initial review of existing policy resulted in conflicting information regarding existing policy, including at the state level. The results of this cursory review of existing policy further emphasizes the lack of general community understanding there is regarding policy affecting Laramie County. It also demonstrates that conducting such an analysis will require committed resources to the project, since it does not appear there is any such resource currently available for either the county or the state.				

Family Matters

The **Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration**, U.S. Department of Health and Human Services, **rigorously reviewed** the quality of research methods used to evaluate Family Matters and the capability of Family Matters for broad dissemination. **Family Matters received the highest possible designation of Model Program** This research was supported by grant no. DA08125 from the national Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services.

Introduction

Abstract: Family Matters is a family-directed program to prevent adolescents (ages 12-14) from using alcohol (underage, binge drinking) and tobacco (smoking, smokeless). The intervention is designed to influence population-level prevalence and can be implemented with large numbers of geographically dispersed families. Outcomes evaluation tools are available and baseline data can be collected from the first contact. Follow-up interviews can be conducted by telephone with parents and adolescents three months and one year after the program.

Populations	Age: 6-12 (Childhood), 13-17 (Adolescent) Gender: Female, Male Race: Black or African American, Hispanic or Latino, White
Outcomes	Outcome 1: Drinking prevalence (new onset and prevalence) Outcome 2: Smoking (new onset and prevalence)
Abstract	Family Matters is a family-directed program to prevent adolescents 12-14 years of age from using tobacco and alcohol. The intervention is designed to influence population-level prevalence and can be implemented with large numbers of geographically dispersed families. The program encourages communication among family members and focuses on general family characteristics (e.g., supervision and communication skills) and substance-specific characteristics (e.g., family rules for tobacco and alcohol use and media/peer influences). The program involves successive mailings of four booklets to families and telephone discussions between the parent and health educators. Two weeks after family members read a booklet and carry out activities intended to reinforce its content, a health educator contacts a parent by telephone. A new booklet is mailed when the health educator determines that the prior booklet has been completed. The program can be implemented by many different types of organizations and people, such as health promotion practitioners in health departments, school health educators and parent-teacher groups, volunteers in community-based programs, and national nonprofit organizations.
Settings	Home, Rural and/or frontier, Suburban, Tribal, Urban
Areas of Interest	Alcohol (underage, binge drinking), Tobacco/smoking
Replications	No replications of the national study have been identified.
Proprietary/Public	Public Domain
Costs	The total cost of implementing Family Matters is estimated to about \$200 per eligible family and includes data collection at baseline and one follow-up (based 2001 costs in study).
Adaptations	Family Matters was developed through a series of pilot studies representing the general population. Spanish versions of the program are being piloted as of October 2006.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.

Implementation	Initially implemented in 1996-1997 with 658 families across the US; currently offered nationwide.
Reviewed/Funding	October 2006; CSAP

Evaluation findings from this program suggest that Family Matters reduced the prevalence of adolescent alcohol use and cigarette smoking at three months and one year after the program ¹. Evidence also suggests the reductions were due to preventing onset ² rather than to decreasing use by users ³. The program effects could not be explained by the hypothesized mediating variables that were measured ⁴.

Additional reports from the study describe the program in detail ⁵, examine parent-adolescent communication about adolescent tobacco and alcohol use ⁶, identify the predictors of program participation ⁷, and assess neighborhood influences on adolescent cigarette and alcohol use ⁸.

The website includes copies of 1) the program booklets, 2) the Health Educator Guidebook (including protocols), 3) the interview schedule to identify eligible families, 4) the baseline interview schedule, 5) the first follow-up interview schedule, 6) the second follow-up interview schedule, and 7) publications.

Program and Data Collection Materials

All program and data collections materials will be available as .PDF files on disk and on the internet at <http://familymatters.sph.unc.edu/index.htm> . Copies of all materials are included in Attachment A and timelines for program implementation are discussed on Forms 9b and 9c.

Program Materials

Family Matters Program Booklets – Booklets mailed to participating families.

Book 1: Why Families Matter ©1996 Karl E. Bauman

Book 2: Helping Families Matter to Teens ©1996 Karl E. Bauman

Book 3: Alcohol and Tobacco Rules are Family Matters ©1996 Karl E. Bauman

Book 4: Non-Family Influences that Matter ©1996 Karl E. Bauman

Program Incentives (mailed with booklets)

Health Educator Guidebook – Manual distributed to all Health Educators. This guidebook covers all aspects of how the program is to be implemented and includes all materials relevant to the program (excluding the program booklets available above).

Health Educator Guidebook ©1996 Karl E. Bauman

Data Collection Materials

Identify Eligible Families Interview

- Eligible Families Interview

Baseline Interview

- Parent Information and Interview
- Adolescent Information and Interview

First Follow-Up Interview

- Parent Information and Interview

- Adolescent Information and Interview

Second Follow-Up Interview

- Parent Information and Interview
- Adolescent Information and Interview

Research Publications on Family Matters

Bauman, Karl E., Foshee, Vangie A., Ennett, Susan T., Hicks, Katherine A., & Pemberton, Michael. Family Matters: A family-directed program designed to prevent adolescent tobacco and alcohol use. (2001). *Health Promotion Practice*, 2(1), 81-96. [Abstract](#)

Bauman, Karl E., Foshee, Vangie A., Ennett, Susan T., Pemberton, Michael, Hicks, Katherine A., King, Tonya S., & Koch, Gary G. (2001). The influence of a family program on adolescent tobacco and alcohol use. *American Journal of Public Health*, 91(4), 604-610. [Abstract](#)

Bauman, Karl E., Ennett, Susan T., Foshee, Vangie A., Pemberton, Michael, King, Tonya S., & Koch, Gary G. (2000). Influence of a family-directed program on adolescent cigarette and alcohol cessation. *Prevention Science*, 1(4), 227-237. [Abstract](#)

Bauman, Karl E., Ennett, Susan T., Foshee, Vangie A., Pemberton, Michael, King, Tonya S., & Koch, Gary G. Influence of a family program on adolescent smoking and drinking prevalence. (2002). *Prevention Science*, 3(1), 35-42. [Abstract](#)

Ennett, Susan T., Bauman, Karl E., Pemberton, Michael, Foshee, Vangie A., Chuang, Ying-Chih, King, Tonya S., & Koch, Gary G. (2001). Mediation in a family-directed program for prevention of adolescent tobacco and alcohol use. *Preventive Medicine*, 33, 333-346. [Abstract](#)

Bauman, Karl E., Ennett, Susan E., Foshee, Vangie A., Pemberton, Michael, & Hicks, Katherine. Correlates of participation in a family-directed tobacco and alcohol prevention program for adolescents. (2001). *Health Education and Behavior*, 28(4), 440-461. [Abstract](#)

Ennett, Susan T., Bauman, Karl E., Foshee, Vangie A., Pemberton, Michael, & Hicks, Katherine A. Parent-child communication about adolescent tobacco and alcohol use: What do parents say and does it affect youth behavior? (2001). *Journal of Marriage and the Family*, 63(1), 48-62. [Abstract](#)

Chuang, Ying-Chih. (2001). *Neighborhood influences on adolescent cigarette and alcohol use*. Unpublished doctoral dissertation, University of North Carolina at Chapel Hill.

Form 8: Community Readiness & Experience

Limit 2 pages

Policy Development and Education

LCCP initially selected evidence-based practices, such as “Shoulder Tap” or a modified version of “Cops-in-Shops”, which target non-retail third party sales of alcohol to underage youth as programs to implement. After assessing community readiness for these kinds of strategies, however, it became apparent that Laramie County still lacks sufficient policies which are needed to successfully implement these kinds of programs. Community “buy-in” by key agencies needed to implement these programs was lacking, with reasons cited that most agencies did not feel either program would be effective for its intended purpose, i.e. to reduce non-retail, third-party sales of alcohol to underage youth. LCCP determined that in order for any intervention to be effective, changes had to occur in policy that impacts both the municipalities, county and within the state. Based upon this determination, the strategy selected to address third-party sales of alcohol to underage youth was one aimed directly toward policy development.

The decision to pursue policy development and education is based on Laramie County’s experience with various third-party focused programs. The Rand (2007) technical report, *Prevent Underage Drinking*, recommends several factors be taken into consideration in the decision whether or not to choose particular strategies for implementation. Three of these are especially important for Laramie County: knowledge of current laws and ordinances; the political processes underlying many of the strategies; and the specific target causal areas.

“Shoulder Tap”, though a best practice, is directed at third-party access through strangers. Data in Laramie County tell us that this is not where most youth obtain their alcohol, so it is not the best strategy for this community at this time. At-length discussions between action team members and law enforcement therefore concluded that while “Shoulder Tap” may in fact be effective, it is not the best way for Laramie County to address underage drinking.

The other program considered to target social availability was “Cops-In-Shops”, which is designed to enhance compliance checking and the identification of underage consumers. However, Laramie County liquor retailers show good compliance with existing laws regarding sales, and do not typically sell to youth. “Cops-In-Shops” is also designed to focus on in-store sales and suspicious behavior. The PNA indicates that many youth accompany of-age acquaintances and friends to the drive-up window to make their purchase so the strategy would have to be significantly altered to fit with the needs of Laramie

County. Furthermore, “Cops-In-Shops” is not an evidence-based best practice and is therefore not a program we will pursue at this time.

While “Shoulder Tap” and “Cops-In-Shops” are not currently the best strategies to implement in Laramie County, this does not mean that they are not programs that could be used in conjunction with others in the future. However, the most promising programs for the county must be evidence-based and must focus on known third parties furnishing alcohol (COPS, 2004) publication). Identifying such strategies that will also be appropriate in our community will require acquiring a thorough understanding of existing policy and subsequently developing a complete set of alternative policies with suggested language for new policy which can be used to inform and educate the public, to include policy decision makers in the community and state (Rand, 2007).

Family Matters

The *Family Matters* program will fill a gap where previous prevention services have not yet reached. Prior prevention efforts to target families have encountered several barriers to successful implementation. In addition to the issues discussed in Section 6, which negatively impacted client utilization of services, several other factors impacted use of prevention programs targeting families. Specifically, providers reported that since families typically self-select into these services, motivation for participation has been limited.

Peak Wellness has identified and substantiated some of the difficulties associated with self-selection for prevention as opposed to treatment. According to their data, trends indicate that people often do not identify themselves as candidates for support until they have been referred, arrested or incarcerated. Their “*Your Teen and Alcohol: Do You Know?*” prevention program has focused on educating families about preventing substance abuse problems before these problems have escalated to the point where families will come to the attention of professionals. While this program was designed on the basis of research findings, the program itself has not been subjected to NREPP’s critical review, and therefore has not yet been accepted as an evidence-based practice (NREPP, 2007). In addition, although the “*Your Teen and Alcohol: Do You Know?*” program does mail information packets to all parents of 6th-12th grade students, as well as running ad campaigns before, during, and after distribution, the associated seminars were discontinued due to lack of attendance. This is consistent with previous trends. In trials of the Family Matters program, “Nearly 50.0% of the parents said they would not have done the program if participation would have required leaving the home” (Bauman et al., 2001, p. 87).

Family Matters offers a complementary and/or alternative program in which families will be identified through multiple avenues, including but not limited to schools, the juvenile court system, and treatment centers. Once identified, health educators will reach out to the families through mailings and over the phone. In this way, *Family Matters* is more tailored to specific lifestyles, which will help to fill gaps in existing programs. Because the health educators “go to” the families, they help to maintain the motivation that can be so difficult to keep.

This model has proven successful in Wyoming and Laramie County with other types of health care services. Specifically, the PharmAssist and HealthAssist programs, both developed under the Governor’s Initiative, have achieved remarkable success in consistently providing services to some of the most challenging families needing health care assistance (Human Capitol Resource Services, 2007). Additionally, the Department of Workforce Services anticipates they will be launching a third program based on this same model of going to the client with the services by the end of 2007. Clearly this approach is receiving great success and wide support in both Laramie County and the state.

Form 9a: Activities & Outcomes

No page limit

POLICY ANALYSIS PROJECT SCHEDULE

Project Goals

The Policy Development and Education strategy has three (3) project goals:

1. Work to ensure that policies at all levels are consistent with the national goal of preventing and reducing underage alcohol consumption (Surgeon General, 2007) and consequences associated with all alcohol misuse.
2. Expand Laramie County's potential evidence-based prevention interventions by conducting a policy analysis of all existing and potential legislation at the state, county, and city levels.
3. Enhance the enforceability of existing policy by implementing an ongoing media campaign that makes people within the jurisdiction aware of existing policies and laws designed to restrict underage access to alcohol and the penalties for violating such laws (Surgeon General, 2007).

To achieve these goals, the project will be implemented in two (2) distinct phases.

Project Objectives – Year One:

The first phase, occurring in year one, will focus on policy analysis and program design, building the knowledge base for an effective education campaign and thorough development.

Project Objectives – Year Two:

The second phase of the project involves the actual development of policy (if requested), direct work with community law enforcement, courts, and decision makers.

Method of Procedure – Years One and Two

Step I – Identify Anticipated Outputs (Rand, 2007): Outputs are the direct products of the strategy's components and usually are measured in terms of work accomplished. By outlining these anticipated outputs early in the planning stage, we will be able to track the evolution of the project and its fidelity to originally established objectives. Identifying anticipated outputs will involve:

1. Identification of contractor and execution of contract for policy analysis phase.
 - a. Define the expectations and timeline for the research and analysis of state, county, and city legislation and ordinances.
 - b. Define scope of research to be conducted.
2. Contractor will conduct analysis as defined in contract of all laws pertaining to alcohol use, to include:
 - a. An analysis and summary of existing policy as well as gaps in policy.
 - b. An analysis of the impact of policy on enforceability and implementation of evidence-based strategies to prevent the misuse of alcohol.
3. Program outputs will include:
 - a. Policy Analysis
 - b. Community Education
 - c. Policy Development

Step II – Plan Each Component

Using the anticipated outputs identified in the first step, it is possible to design a specific plan. This will require the documentation of major activities that must be completed in order to be successful in implementing the efforts necessary to carry out the strategy. The following paragraphs describe the steps that will be necessary to successfully conduct media and education campaigns in the community as well as what to strive for and how to work at the legislative level.

1. Workgroups will be developed to set timelines, implementation schedule and target numbers for education and development (which will occur in the second year of the grant).
 - a. Develop committees within the existing organization that will meet regularly to assess progress.
 - b. Take into account community, political, and legal meanings of work in designating committee members by populating the committees with the most appropriate representation of law enforcement, judges, elected officials, community members, prevention experts, etc.
 - c. Identify potential sponsors and champions as well as individuals and factors that may pose as a barrier to the project.
2. Define roles of partners, committee members, and leaders as a mechanism to foster sustainability of both the organization and the project (CADCA, 2007).
 - a. LCCP as a committee will review all research and analysis findings on alcohol related statutes, ordinances, codes and regulations. Upon final approval by the LCCP executive staff, the results will be disseminated county wide.
 - b. Begin to identify individuals with greatest strengths for media campaign and legislative work, respectively.

- c. Because policy is a constantly evolving subject matter, the LCCP and appropriate workgroups will establish a timeline for regular statute, code, and ordinance reviews to stay abreast of any changes once the initial review is completed and approved.
- 3. Consider the necessary human, social, and material resources that will be necessary to carry out the plan and consider how to obtain these resources (CADCA, 2007). Areas of focus will include the following:
 - a. Human
 - i. Identify and recruit community “champion” for the organization and the specific project.
 - ii. Assess and evaluate roles of partnership and committee members, skill sets, and satisfaction.
 - b. Social
 - i. Support of the local police department and prosecutors (**Toolkit**).
 - c. Financial
 - i. Costs of education materials.
 - 1. Workgroups will look for in-kind donations and to facilitate the cost-effective production of high-quality, educational materials. This is an excellent example of the ways in which human, social, and financial resource categories overlap. The LCCP will draw on collaborations and community-based resources such as copy and printing shops for discounts and donations(UDET, 2005).
 - ii. Costs of dissemination of information.
 - 1. Establishing this expense will require the workgroup consider the types of information we are distributing. Flyers can be inexpensively distributed at public places such as local prevention or community centers, coffee shops, etc. Advertisements in the newspaper or on television, however, will be of a greater cost.
 - iii. Cost of locations.
 - 1. It is important to establish a meeting place that is suitable to the type of work being done and all workgroup members to facilitate the continuation of their work together. This may or may not require paying for meeting rooms, occasional lunches, etc.
 - 2. If part of information dissemination is the hosting of functions, the cost of location and provisions for these events.

Step III – Work with Collaboration Partners

Collaboration partners are identified and their roles in the effort are defined. This segment will include not only an assessment of existing collaborations but new collaborations that may enhance the effectiveness of the strategy.

1. Law enforcement, drug courts coordinators, and other social and criminal justice organizations will be called upon to offer advice and input in the research and analysis stages. These organizations and individuals will offer insight into the application, understanding, and enforcement realities of policy in Laramie County specifically.
2. The LCCP will collaborate with local organizations and community members in the dissemination of information.

Step IV – Begin Education and Public Awareness Campaigns

Once anticipated outputs have been made explicit, the details of the strategy planned for and outlined, and collaborations have been established, the education and awareness piece of the policy development strategy can begin.

1. Community Outreach

- a. Prepare and present presentation on existing policies and their enforcement in Laramie County that can be taken to local organizations and groups. This will include Kiwanis Club, Community College classes and student clubs, faith-based groups, and groups on Warren Air Force Base, among others.

2. Dissemination of materials

- a. This can take place in a variety of ways. The LCCP will work with its partner organizations to distribute flyers or fact sheets at their locations or to encourage “word of mouth” publicity.
- b. Dissemination may also include working a table or booth at local events, where fact sheets can be distributed, questions answered, and more detailed information provided.

Step VI – Policy Development

As the timeline below and the discussion in Form 7 indicate, the LCCP’s work will address not only policy research and education but policy development. This means that we will educate community members about policy and will work with policy and decision makers to ensure Laramie County has the most effective, enforceable, and acceptable alcohol-related policy possible. In this process, we will:

1. Gain the support of sponsors and legislators such that, on request, the LCCP can draft sample legislation, ordinances and/or codes deemed suitable for Laramie County.
2. Draft a final Executive Summary at the end of the two year grant period, which will be submitted to the program manager at intervals designated by contract between LCCP and the agency having oversight over the implementation of the Policy Analysis
 - a. Prepare the final Executive Summary in accordance with SPF-SIG grant requirements; this report will be submitted as delineated by the terms of LCCP’s SPF grant and associated contract.

Step VII – Wrap-up, Follow through, and Evaluation

These final stages are extremely important to the LCCP’s mission of improving the well-being of our community in the long-run. Undertaking a task such as policy development requires an ability to close out a given time period, evaluate outcomes, and assess the meanings of these outcomes for the community and the project.

1. Wrapping up will entail data collection and analysis of measurable outcomes, assessing how well the project goals and objectives were accomplished, if the Strategic Plan was followed, and if the program was cost-effective. It will also involve writing a report and possible recommendations.
2. The LCCP is committed to contributing to lasting changes. This means that, based on our findings during the “wrap-up” period of this grant, we will identify areas in which policy-related programs can be improved and ways in which they have been well-conducted. By making recommendations, either as they related specifically to our findings on policy or the program itself, we will follow-through with the project in the community.
3. Evaluation will help us to strengthen this particular project for future implementation efforts. In the case of policy development and education, we will evaluate the success of the program but also any changes that have taken place. This will include a regular assessment an evaluation of

outcome measures as described below.

- a. Outcome measures for policy analysis will be developed in concert with the Secretary of Health and Human Services committee as required in Public Law 109-422, titled as the *"Sober Truth on Preventing Underage Drinking Act"*. The committee shall consider performance measures in the following categories: the comprehensive nature of anti-underage drinking and liability state statutes; whether the state encourages and conducts comprehensive enforcement efforts to prevent underage access to alcohol at retail outlets; whether the state encourages training on proper selling and serving of alcohol; whether the state has policies regarding direct sales to consumers and home delivery of alcoholic beverages; whether the state has graduated driver licenses; whether the state has programs or laws to deter adults from purchasing alcohol for minors and if state programs are targeted to youth, parents and caregivers; and the extent to which funding is invested on the prevention of underage drinking. We will further refine and develop these performance measures in conjunction with the needs of Laramie County.

FAMILY MATTERS PROJECT SCHEDULE

The *Family Matters* project entails four distinct phases:

Phase One - Baseline Data Collection

Baseline data collection of outcome measures will set the precedent against which outcome data will be evaluated. Using the 2007 Laramie County Prevention Needs Assessment and a gap analysis of mentoring programs in Laramie County we will identify the very risk, protective, and behavioral factors that *Family Matters* targets. Interviews/questionnaires will be developed in conjunction with local prevention experts based on the original Family Matters program materials to ensure that we target the needs of our community.

Phase Two - Program Preparation

Before we begin an active implementation of *Family Matters*, we will work with local service providers, prevention experts, and community partners to develop the specific protocols for delivery of the program in Laramie County. Primarily, this will focus on family/health educator ratios and methods of family identification and recruitment.

We will then recruit and train health educators. This will involve an active search for highly-trained, experienced health educator professionals. This experience and expertise will guarantee that health educators are equipped to not only deliver the *Family Matters* program but to sensitively and effectively adapt to the complex circumstances and issues that characterize the lives of our target population. Once the appropriate health educators have been recruited, the LCCP will use the *Family Matters Health Educator Guidebook* to conduct program-specific training of these recruits.

Once health educators are recruited and trained, the LCCP will advertise the program and begin active recruitment of families. We will utilize our partnerships with local agencies such as prevention and treatment organizations, crisis intervention centers, schools, and the drug courts to identify at-risk youth. Furthermore, we will strive to reach a broader segment of the population through advertisement in the media. The specifics of this campaign will be developed, but we plan to use partner organization newsletters, the local newspaper, PSAs, and flyer distribution to disseminate information about the

program to the general public.

Phase Three - Program Implementation

Program implementation begins with the first mailing and terminates with the fourth telephone intervention phone call. We will initiate contact with families, explain the mailings that will be sent and obtain parental consent. The *Family Matters* program itself is composed of four units, each of which must be completed prior to moving on to the next. The units are designed to educate families about their teens and alcohol and tobacco use through learning materials and health educator guidance.

Mail 1 – After initial contact with the family has been established, mailing 1 will go out, providing information and activities designed to emphasize the importance of family involvement in the prevention of adolescent alcohol and tobacco use.

Phone 1 – Approximately two weeks after the initial mailing, a trained Health Educator holds a telephone conversation with family members, answering questions about and reviewing Mail 1. At this time, s/he assesses and encourages program engagement, obtains information and prepares families for Mail 2.

Mail 2 – The second mailing consists of the second part of the *Family Matters* booklet and a Badge of Honor button. Part 2 of the booklet, *Helping Families Matter to Teens*, has two sections. The first section, *Understanding Your Teenager*, focuses on changes children experience as they become adolescents. This section, *Working Together as a Family*, addresses parenting style, warmth, time with their teenager, and conflict and communication skills.

Phone 2 – The Health Educator reviews Mail 2 and answers family member questions related to this section, assesses and encourages program engagement, obtains information and prepares families for Mail 3.

Mail 3 – In Mail 3, families receive a magnet and the green Part 3 book, *Alcohol and Tobacco Rules are Family Matters*. This book includes information and activities that focus on ways families can help keep their adolescents from using or abusing alcohol and tobacco.

Phone 3 – The Health Educator answers family member questions about and reviews Mail 3, assesses and encourages program engagement, obtains information and prepares families for the fourth and last mailing, Mail 4.

Mail 4 – The fourth content book, *Non-Family Influences That Matter*, is sent to families with a *Family Matters* balloon. This book focuses on how influences outside the family, such as peers and the mass media, can encourage adolescents to use alcohol and tobacco. Families also learn how they can help to discourage negative outside influences and encourage positive influences.

Phone 4 – The Health Educator answers family member questions about and reviews Mail 4, assesses level of program engagement and encourages continued family member involvement with adolescents in alcohol and tobacco use and abuse prevention.

Phase Four - Follow-up Data Collection, Outcome Analysis and Reporting

The final phase of our *Family Matters* strategic plan is the evaluation phase. This will involve two sets of follow-up interviews based on those developed specifically for the program, analysis of this data in

comparison to community and baseline data, and an outline report. We will share our findings with our member organizations and the community.

Form 9b: Time Line (Year 1)												
Limit 2 pages												
Activities	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08
Contractual report and expenditure report: January 2008, April 2008, July 2008, October 2008				X			X			X		
Statewide Prevention Framework Meeting												
Community Advisory Council Meetings												
Policy Development and Education	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08
Identify contractor for analysis	X											
Execute contract	X											
Research ALL laws pertaining to alcohol use		X	X									
Create a workgroup specific to policy development		X										
Workgroup meets to assess progress, etc.			X		X		X		X		X	
LCCP meets to discuss strategy for approaching lawmakers legislative session			X									
Identify coalition members and contacts to approach legislators/define relevant roles			X									
Review findings with law enforcement, courts, etc.			X									
Develop educational materials			X	X								
Distribute educational materials					X	X						
Contact key legislators regarding alcohol-related laws				X	X							
Draft sample legislation upon request by legislators						X	X					
Identify key stakeholders for media campaign/education dissemination							X					
Identify potential resources for media campaign								X				
Create plan for appropriate media campaign								X				
Begin media, city and county campaigns									X	X	X	X
Finalize draft legislation for Jan 2009 Legislature												X
Family Matters	Oct 07	Nov 07	Dec 07	Jan 08	Feb 08	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Aug 08	Sep 08

Conduct Gap Analysis on Laramie County mentoring programs	X	X	X	X								
Revise all Family Matters curriculum and forms to be Laramie County specific				X	X	X						
Identify all potential referral sources in the community				X	X	X						
Make initial contact with each Laramie County referral source to present the Family Matters program and solicit input.					X	X	X	X				
Work with Laramie County referral sources to customize referral process						X	X	X	X			
Work with local youth development and mentoring organizations to design client-identification procedures			X	X	X	X	X	X	X			
Finalize timeline for identification to implementation of program							X	X	X			
Develop internal and external agency specific protocols for contact with clients							X	X	X			
Discuss with local service providers distinctions between Health Educator vs. mentor							X	X	X			
Call for Health Educators				X	X	X						
Recruit and train Family Matters Health Educators									X	X	X	X
PSAs to advertise program								X		X		X
Set up meetings with local individuals, groups and organizations to present Family Matters (eg. counselors, PTAs, educator meetings, classroom volunteers, etc.)									X	X	X	X
Follow-up with all referral agencies with final program start date, referral process, and all specific information needed for referral												X

Form 9C: Time Line (Year 2)

Limit 2 pages

Activities	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09
Contractual report and expenditure report: January 2009, April 2009, July 2009, October 2009	X			X			X			X		
Statewide Prevention Framework meeting												
Community Advisor Council Meetings												
Policy Development and Education	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09
Workgroup meets to assess progress	X		X		X		X		X		X	
Finalize draft legislation for Jan 2009 Legislature	X	X										
Identify potential sponsors among the legislators	X	X										
All legislative				X	X	X						
Outcome evaluation/wrap-up							X	X	X			
Data analysis										X	X	
Outcomes report – identify why it didn't work or what to do next if it did											X	X
Family Matters	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09
Obtain parental consent		X	X	X								
Educator trainings	X			X			X			X		
Identify families potentially eligible for services	X	X	X	X	X	X	X	X	X	X	X	X
Contact families to explain program (ongoing)		X	X	X	X	X	X	X	X	X	X	X
Mail Unit 1 (ongoing)			X	X	X	X	X	X	X	X	X	X
Phone Unit 1 (ongoing)			X	X	X	X	X	X	X	X	X	X
Mail Unit 2 (ongoing)			X	X	X	X	X	X	X	X	X	X
Phone Unit 2 (ongoing)			X	X	X	X	X	X	X	X	X	X
Mail Unit 3 (ongoing)				X	X	X	X	X	X	X	X	X
Phone Unit 3 (ongoing)				X	X	X	X	X	X	X	X	X
Mail Unit 4 (ongoing)				X	X	X	X	X	X	X	X	X
Phone Unit 4 (ongoing)				X	X	X	X	X	X	X	X	X

Follow up Phase 1 (ongoing)							X	X	X	X		
Follow up Phase 2 (ongoing)									X	X	X	X
Data analysis (clients to date)										X	X	
Outcomes report											X	X

Form 10: Budget
Limit 2 pages

Budget Narrative

Personnel Services:

See contractual services. LCCP, Inc. bylaws state all personnel are contracted labor.

Supporting Services:

Monthly internet costs - \$300.00

Travel Training:

In State – If meetings within the state for Coordinator and ATOD committee – \$2000.00

Out of State – Three (3) trips – \$3000.00

Training Fees – Registration fees – \$500.00

Miscellaneous Expenses for community meetings on PNA and Strategic Plan – \$500.00

Supplies:

Office consumable supplies – \$1000.00

Postage – \$200.00

Educational materials/printing for policy development program – \$30,000.00

Equipment:

Maintenance of computer, printer, projector (& rental of projector screen) – \$571.00

Contractual Services:

WYSAC – \$6070.00

WYPTAC – \$12,141.00

Project Coordinator:

Part time – \$12,000.00

Fiscal/Clerical:

Part time – \$8,320.00

Oversight/Management:

Part time Executive Director– \$15,000.00

Professional Services:

Policy Development, Research, and Analysis; position papers; proposal sample legislation for state statutes, city, county, and local ordinances – \$15,000.00

Evaluation for Policy Development:

Associated costs – \$5,000.00

NOTE: The cost of implementing family matters is estimated at \$200 per family. This figure has been based upon adjustments made to program implementation costs in 2001 (NREPP, 2001). This \$200 implementation cost per family includes costs associated with baseline and follow-up interviews with participants. Policy development and education costs are reflected in this budget, while the Family Matters program will be funded with 2007 leftover dollars. Therefore, as requested by SAD, the detailed budget for Family Matters will be submitted in October.

State Contract Quarterly Invoice for Wyoming SPF SIG

SUBMIT TO: Substance Abuse Division Wyoming SPF SIG 6101 Yellowstone Road – Suite 220 Cheyenne WY 82002-0480		EXPENDITURES FOR QUARTER AND YEAR (Due On 15 th of the month for preceding quarter.)		
<i>Cost Description</i>	<i>Budgeted Amount</i>	<i>Current Month Exp</i>	<i>Year to Date Expenditures</i>	<i>% Exp</i>
PERSONAL SERVICES				
Salaries & Wages				
Employer Paid Benefits				
SUPPORTING SERVICES				
Internet Service	300.00			
Telephone/Cell Phone				
Vehicle Expenses				
TRAVEL/TRAINING/MEETINGS				
Travel In-State	2000.00			
Travel Out-of-State	3000.00			
Training Fees	500.00			
Miscellaneous Meeting Expenses	500.00			
SUPPLIES				
Office (Consumable)	1000.00			
Postage	200.00			
Educational materials/printing	30,000.00			
EQUIPMENT				
Maintenance	500.00			
Rental	71.00			
GRANTS-IN-AID				
DONATIONS-CITY, COUNTY, COMMUNITY				
OTHER INCOME				
CONTRACTUAL SERVICES: Attach documentation to include: Subcontractor Name, Title, Contact Person for services WYSAC align="right">6070.00 WYPTAC align="right">12,141.00 Project Coordinator (TBA) align="right">12,000.00 Fiscal/Clerical Support (TBA) align="right">8,320 Oversight/Management (Alfrieda Gonzales) align="right">15,000.00 Professional Services (TBD) align="right">15,000.00 Evaluation align="right">5,000.00				
MISCELLANEOUS COSTS				
A. Bank Fees	100.00			
B. Other				
C Indirect	9713.00			
TOTAL	121,415			

LOCAL AGENCY NAME and ADDRESS:

Laramie County Community Partnership, Inc.
 900 Central Ave. Cheyenne, WY 82007

NAME and TITLE OF REPORTING OFFICIAL:

Alfrieda Gonzales, Executive Director

TELEPHONE NUMBER OF LOCAL AGENCY:

Phone: 307-632-8102 E-Mail:

amgresults@yahoo.com

Fax: 307-637-6726

I certify that the expenditures reported above have been funded totally with funds awarded by the

Wyoming Department of Health.

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

Form 11: Community Infrastructure

Limit 2 pages

Planning

In early 2006, the LCCP adopted a disciplined, business-like process as the foundation for effective human services planning and communication. LCCP built its 2006-2008 organizational strategic plan the concept that a useful strategic document should make common sense and tell a compelling story in a simple way. The LCCP recognizes that improving any system as large as Laramie County's human service system is a dynamic and evolving process. In Phase 1, we thoroughly examined the data reported in the 2005 Laramie County Needs Assessment and determined where the areas of greatest need existed for vulnerable populations. Key findings were: lack of livable wage jobs, lack of affordable and accessible medical care, lack of affordable housing, poverty and family and social issues including substance abuse in the community. Working from these key findings, five *Talk to Action!* Teams were designated and staffed with subject matter experts from across the county. These teams envisioned how conditions could be improved with existing resources and where we might need to marshal new resources to improve outcomes.

The Alcohol, Tobacco and Other Drug Action (ATOD) team determined that preventable health, social and economic problems result from the use of alcohol, tobacco and other drugs by youth. Underage use of drugs is a causal factor in a host of serious problems, including homicide, traumatic injury and vehicle crashes, drowning, burns, violent and property crime, high risk sex, unintended pregnancies and poor birth outcomes, poisoning and communicable diseases and the need for long term treatment for dependence. These findings were confirmed in the comprehensive State Prevention Framework Needs Assessment (WYSAC, 2006). The original action steps adopted by the ATOD Action Team are rooted in the Institute of Medicine's- National Academies of Sciences Report (Bonnie, 2004). The action steps identified in the Strategic Planning Framework are consistent and in fact complement and enhance the ATOD's original strategies.

Data Systems

As a part of the Laramie County PNA (2007), LCCP constructed a complete, Laramie County specific database. As additional data is collected as a part of these and other efforts, the database will be updated and expanded. To the best of our knowledge, our efforts represent the first collection of data on the county from multiple agencies and sources.

Workforce Development

There are 7,770 (9.5% of the estimated population) persons in Laramie County whose income fell below the federal poverty level in 2005 (Wyoming Center for Business & Economic Analysis, 2005). Poverty rates in Laramie County have remained fairly constant for the last ten years. While some of our 22,917 families are a little better off, but still lack self-sufficiency: 64% of single parent families and 43% of two-parent families report not having sufficient income to meet their basic needs without non-profit or charitable support. These families are not eligible for food stamps (Wyoming Self-Sufficiency Study, 2005). The remaining 3100 families (14%) make less than \$35,000 per year, positioning them only one or two paychecks away from a basic needs crisis (factfinder.census.gov, accessed 2007).

According to our job placement partners, Laramie County must tap into the hidden workforce in order to find employees for our ever-growing business population. This hidden workforce consists of seniors who have retired and are struggling to live off of social security and who would benefit from returning to

work. It consists of those individuals who are unemployed or underemployed, but simply don't have the job readiness skills to move into better paying jobs. It consists of individuals from multi-generational poverty backgrounds that have given up hope and have little or no future vision.

The hidden workforce also consists of our youth population, some who may feel a need to leave the state of Wyoming to find work, but in fact are needed here. Or, youth who are at risk of academic failure; lack of commitment to school and community; early and persistent anti-social behavior; and alienation and rebelliousness. Risk factors are conditions that increase the likelihood of young people becoming involved in substance abuse, delinquency, teen pregnancy, school dropout and or violence. Protective factors, on the other hand, are conditions that buffer young people from exposure to risk by either reducing the impact of the risk or changing the way the young person responds to risk. Protective factors promote positive youth development and strengthen resiliency, thus guarding against the occurrence of a particular problem.

Sustainability

LCCP recognizes that it takes a dynamic and evolving partnership to provide an effective alcohol prevention effort. LCCP and ATOD will continue meeting regularly to reassess Laramie County's needs and gaps in services. We are intent on being a leading agency in the development of strategic plans to meet the needs of our community. LCCP understands that interventions must continuously address issues from multiple directions over a sustained period of time to truly have a lasting impact. The Wyoming and Laramie County PNA (2006; 2007) both demonstrate that substance abuse does not occur in a vacuum. Thus, all the work we are doing will leverage and link organizations, programs and people within the community to create a lasting human services system infrastructure of prevention-targeted policy and service. Sustainability will come from the integrated work of multiple service arms within Laramie County, assuring the strategies proposed here are not disconnected but rather complement one another without duplications of effort to meet the needs of the clients we serve (see Form 13 for additional sustainability details).

The OJJDP has ongoing funds (Block Grants and Discretionary Grants) available to organizations whose goal is the reduction of underage drinking. Annual allocations of Block Grants have been \$25 million, with individual grants varying. In FY's 2005 - 2007 grants totaled \$350,000.

Between 1998 and 2002, state designated agencies working to implement EUDL efforts were invited to compete for up to \$400,000 in discretionary funds. The grants were intended for a period of 24 months and specifically for the implementation of **local** programs. These same agencies were invited in 2003 to compete for up to \$960,000 of EUDL discretionary funding granted over 36 months, again for local EUDL programs. These programs would be evaluated with a community trials design. In 2004 and 2005, the same agencies were again invited to compete for up to \$1,050,000 of EUDL discretionary funding to implement rural community based programs over a grant period of 36 months and be evaluated by the National Institute of Alcohol Abuse and Alcoholism. In FY 2006, OJJDP awarded four states funds to partner with military bases to reduce underage drinking. In FY 2007, the same four states were invited to continue funding (OJJDP, 2007).

Coordinated Efforts, Organizational Structure, Evidence-Based Practices, and Evaluation & Monitoring are all addressed in Forms 6 – 9. **Cultural Competence** is addressed in Form 12.

Form 12: Cultural Competency

Limit 2 pages

Mechanisms to Ensure Cultural Competence in Program Services and Activities

The steps and procedures outlined below are based directly upon SAMHSA recommendations found in the monograph *Towards a Culturally Competent System of Care*, by Terry L. Cross, Karl W. Dennis, Mareasa R. Isaacs, and Barbara J. Bazron, under the auspices of the National Technical Assistance Center for Children's Mental Health at Georgetown University in Washington, D.C., and funded by the National Institute of Mental Health (1989).

Culturally competent prevention service providers and agencies will be trained in specific behaviors, attitudes, and policies that recognize, respect, and value the uniqueness of individuals and groups whose cultures are different from those associated with mainstream America, to include cultures specific race, gender, age, income level, geographic region, neighborhood, sexual orientation, religion and physical disability.

This training will seek to increase provider and agency awareness and respectful of the values, beliefs, traditions, customs and parenting styles of the people being served. Additionally, training will promote an increased awareness of the impact of their own culture on the way they interact with the people they serve. The goal of cultural competence training will be to take into account these two interacting factors in the planning and delivering of all prevention services.

Cultural competence training will adhere to the nine (9) principles outlined by SAMHSA that are necessary for the development of culturally competent programs (see monograph cited above for the detailed description of these principles).

Components Ensuring Cultural Competence of Program

Developing cultural competence is an ongoing process and rarely achieved quickly. With this fact in mind, the activities described here include those activities with the greatest priority during years one and two of this program, but are only a part of the continued effort at increasing its capacity to deliver culturally competent prevention services. Therefore, during years one and two, cultural competence will be ensured through focusing on the following steps and processes:

Polymaking:

- Board member appointments will include members from all sectors of the community
- Recruiting efforts will actively seek multiethnic and multiracial staff
- Ongoing staff training and support to develop cultural competence
- Standards for culturally competent services will be developed, mandated and promoted
- Evidence of cultural competence will be required when contracting for services

Administrative:

- Devise an initial cultural competence plan with specific action steps and deadlines for achievement
- Commit to an evaluation of progress and a willingness to respond to change
- Cultural competency will be included in staff job description requirements
- Staff will participate in regular, in-service cultural competency training

- Consider whether the facility's location, hours and staffing are accessible and whether its physical appearance is respectful of different cultural groups

Services:

- Include neighborhood and community outreach efforts and involve community cultural leaders whenever possible
- Work within each person's family structure, which may include grandparents, other relatives, and friends
- Adhere to traditions relating to gender and age that may play a part in certain cultures

All cultural competence training will be extended to include staff that are directly engaged in service provision and implementation of Family Matters who are from agencies under contract with LCCP for these services, thereby maximizing both the cost efficiency and consistency of training across agencies involved.

Form 13: Sustainability

Limit 2 pages

Recognizing an effective alcohol prevention effort requires a dynamic, evolving partnership, LCCP and ATOD will continuously identify the needs and gaps in services within the county as a major part of their regular working meetings. LCCP is rapidly gaining a solid reputation within Laramie County as a leading agency in efforts to meet these needs in our community. LCCP understands that interventions must always address these issues from multiple directions over a sustained period of time to truly have a lasting impact (Rand, 2007). Data from both the Wyoming and Laramie County Prevention Needs Assessments (2006; 2007) indicate that issues related to substance abuse must be considered within social and community context. Therefore, LCCP's work will leverage and link organizations, programs and people within the community to create a lasting human services infrastructure of prevention targeted policy and service for the community. Sustainability will come from the integrated work of multiple arms within Laramie County, assuring that the strategies proposed here are not disconnected but rather complement each other to maximize resources and influence change.

The ability to maintain the human, social and material resources needed to achieve a long-term goal is absolutely necessary if our prevention efforts are to have a lasting impact. Financial stability, while a necessary to sustainability, is not sufficient alone. Ultimately, sustainability requires creating an effective coalition that brings together a community to develop and carry out a strategic plan (Brubach, 2007). The LCCP has made a commitment to plan across agencies, diversify funding partners, overcome access barriers, ensure full utilization of existing human services, and enhance effective programs. Members of the LCCP are committed to improving their collective skill-sets and abilities in order to become a viable coordinating body for human services in Laramie County (LCCP Board Overview, 2007).

Self-Evaluation (LCCP Coalition Evaluation Results 6/5/07)

An important part of the LCCP's commitment to its mission and its own evolution as an organization as evidenced in its undertaking of a self-evaluation in June 2007. We utilized an evaluation tool that was created based on the CDC's Healthy Communities principles of effective communication and effective coalition building. This tool was originally developed in 1997 and was later modified and used to evaluate Wyoming state systems development initiatives and other coalitions (Diaz, 1999). While the greatest of the LCCP's identified strengths are currently at the leadership and organization levels, the self-assessment and resulting goals provide a promising vision for LCCP's future. Members identified and clearly articulated areas for improvement, such as increased communication in the community and stakeholder involvement. However, the evaluation also reflected substantial improvements and set goals and plans to help the organization and its members continue to evolve. One example is a concerted effort to expand the reaches and sustainability of the coalition and its efforts by expanding funding diversity by: working to identify "new-to-us" grants; collaborating with coalition members to leverage existing funds and implement unique funding ideas.

Furthermore, while there are areas for improvement, our present strengths are many. We have a strong and diverse grounding in community agencies and organizations, access to a wealth of in-kind contributions such as AmeriCorps VISTA grants, LCCP clerical and bookkeeping support provided by one of the partners and the human capital of our partners.

Focusing on policy development analysis as a strategy to address third-party access to alcohol will itself enhance sustainability. As LCCP researches and educates community members about policy, as well as its application and enforcement within the community, our ability to implement more specific evidence based practices (e.g. keg registration, internet sales of alcohol, etc.) will be enhanced. LCCP will work closely with prevention and criminal justice organizations in the community to understand the impacts of policy in Laramie County. Continuous consideration will be given to the interaction of policy with best-practice strategies and individual level experiences so that the voice of the community will guide the evolution of Laramie County's policy as it relates to underage drinking. Other programs with which the LCCP and its coalition members are involved focus on individual factors and community norms from different angles than Family Matters, and therefore will serve as complementary strategies.

21st CCLC

The 21st Century Community Learning Centers (21st CCLC, 2005) support the creation or expansion of community learning centers that provide academic enrichment opportunities for children, particularly students who attend high-poverty and low-performing schools. The 21st CCLC effort helps students meet state and local standards in core academic subjects, such as reading and math, and offers students a broad array of enrichment activities including those addressing substance abuse.

Kids & Bus

The YMCA *Kids & Bus* program incorporates academic enrichment activities for after school programs through one-on-one tutoring and mentoring of at-risk youth. All participants in the *Kids & Bus* program receive recreational activities, healthy snacks and participate in enrichment activities that will help to build the self-confidence resulting in positive life choices and greater academic success.

Check and Connect (currently in grant application process)

Check and Connect, a NREBP recognized best practice, is another resource LCCP anticipates will support the sustainability of the Family Matters program in Laramie County. This is a program designed to provide early intervention and prevention services through the mentoring relationship to high risk youth grades 7th to 12th, the same population targeted through Family Matters. As well as operating off its own recruitment, *Check and Connect* will offer a "next step" for those families who want further mentoring or guidance after completing Family Matters, thereby sustaining the program objective on an individual level.

Connections Corner (currently in grant application process)

This program will specifically seek to facilitate the advancement of un- or underemployed individuals from multi-generational poverty backgrounds. Volunteers will work with the population being served, teaching job skills, workforce culture and helping individuals through the job-seeking process. Directed at both adults and at-risk youth from multi-generational poverty backgrounds, Connections Corner will provide an avenue for continued support of *Family Matters* alumni who will also serve as yet another source from which *Family Matters* will receive additional referrals.

Centralized Pharmacy (CDBG funding request)

Another example of sustaining partnerships and programs in Laramie County fostered by the LCCP is the Laramie County Centralized Pharmacy. The Centralized Pharmacy is a non-profit licensed pharmacy that serves un-/underinsured residents of Laramie County who cannot afford to buy their medications at the traditional retail pharmacies. Partners include the Cheyenne Community Clinic, Cheyenne Health and Wellness, Needs Inc., Community Action, Peak Wellness, CRMC, Wyoming Department of Health and the United Way, a vital funding partner.

WASCOP Grant

The Cheyenne Police Department has applied for program funding, with the support of the LCCP, to Community Enforcement Grants to Reduce Underage Drinking Program. The requested funds are for overtime pay for law enforcement officer availability to staff community events, particularly ones highly correlated to underage drinking, and to permit more in-depth investigations where underage alcohol access and use is suspected. Concerns regarding enforceability of any proposed or new policy will have been addressed with these resources already in place.

Form 14: Evaluation

Limit 1 page

The coalition agrees to work closely with WYSAC in developing evaluation methods for our county.

Policy Analysis

Outcome measures for policy analysis will be developed in concert with the Secretary of Health and Human Services committee as required in Public Law 109-422, titled as the *“Sober Truth on Preventing Underage Drinking Act”*. The committee shall consider performance measures in the following categories: the comprehensive nature of anti-underage drinking and liability state statutes; whether the state encourages and conducts comprehensive enforcement efforts to prevent underage access to alcohol at retail outlets; whether the state encourages training on proper selling and serving of alcohol; whether the state has policies regarding direct sales to consumers and home delivery of alcoholic beverages; whether the state has graduated driver licenses; whether the state has programs or laws to deter adults from purchasing alcohol for minors and if state programs are targeted to youth, parents and caregivers; and the extent to which funding is invested on the prevention of underage drinking. We will further refine and develop these performance measures in conjunction with the needs of Laramie County.

Family Matters

Outcome measures that will be examined in follow-up interviews with *Family Matters* clients will pertain to three factors identified in the Laramie County PNA (2007). First, we will evaluate the individual (risk and protective) factors that are targeted directly by *Family Matters*. Risk factors are conditions that increase the likelihood of young people becoming involved in substance abuse, delinquency, teen pregnancy, school dropout and or violence. Protective factors, on the other hand, are conditions that buffer young people from exposure to risk by either reducing the impact of the risk or changing the way the young person responds to risk. Protective factors promote positive youth development and strengthen resiliency, thus guarding against the occurrence of a particular problem (see Attachment A for evaluation protocols).

The follow-up interviews conducted with both teens and parents will ask for self-report evaluations directly from the individuals served. Risk/protective factors addressed are: religiosity, parental supervision and monitoring, family dynamics, family attitudes toward substance use, family use of substances, friends' use of substances, and access to substances. The outcomes evaluated in these interviews are: grades, teen attitude about substance use, teen perception of family influence and teen substance use.

Using these outcome measures, we will evaluate the impact that Family Matters has on substance use and associated consequences. Furthermore, and central to the intentions of this strategic plan, these outcome measures will allow a direct assessment on the efficacy of the program on the causal factors identified in the Laramie County PNA (2007) as desired targets.

Strategic Plan Contributors

Table 1. Strategic Planning Contributors

Name	Organization	Contribution
Alfrieda Gonzales	Laramie County Community Partnership	Oversight/direction, data review, stakeholder, edits, final review
Rod Hottle	United Way of Laramie County	Oversight, data review, data collection, stakeholder, edits, ATOD Chair
Phyllis Sherard	CRMC	Oversight, data review, edits
Stacey McKenna	Laramie County Community Partnership/Needs, Inc.	Oversight, Writer, data review, research, edits, ATOD Member
Bob Fecht	Chief of Police, Cheyenne, Wyoming	Constituent review, edits
Ron Jeffrey	Youth Alternatives	Stakeholder input, reviewer
Jo Ferguson	Wyoming Rural Development Council	Oversight, data review and collection, ATOD Member
Jonna Hilzer-Dickie	Peak Wellness Center	Oversight, data review, reviewer, data collection, edits, ATOD Member
Karen Nielson	Peak Wellness Center	Oversight, reviewer, ATOD Member
Al Dyke	F.E. Warren Drug Demand Reduction	Oversight, data review, reviewer, ATOD Member
Lisa Scholz	Cheyenne Laramie County Meth Coordinator	Oversight, ATOD Member
Don Simmer	Cheyenne Police Department	Oversight, data review, reviewer, ATOD Member
Kristi Levitt	Peak Wellness Center	Oversight, ATOD Member
Kathleen Gillgannon	YMCA	Oversight, ATOD Member
Mary Brown	F.E. Warren Family Support Center	Data review, ATOD Member

Sally Meeker	Special Friends	Oversight, reviewer, ATOD Member
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